

# SUMMER JOB APPLICATION 2006

## Mayor's Youth Works Summer Program

Return Completed Application To:  
City of Durham – Human Resources Department  
101 City Hall Plaza – Durham, North Carolina 27701  
Website: [www.durhamnc.gov](http://www.durhamnc.gov)

### Important Facts:

- **Incomplete applications will be disqualified from consideration**
  - Correct job title **must** be as indicated on current job bulletin
  - Applicant should sign and date application
- An applicant may apply for more than one position; however, a separate application must be completed for each position
- Referrals will be made to Department(s) on a weekly/bi-weekly basis
  - Positions will be closed from accepting applications once filled
- Current and complete contact information required
- Please be prepared to provide a state issued picture identification
- If additional space is needed for Employment History, Criminal History or Additional Information, the Supplemental Information Sheet is available upon request.

**Individuals selected for all City employment must pass the City of Durham physical examination, including drug and alcohol testing.**

The City of Durham is an Equal Opportunity/Affirmative Action Employer.



IMPACT  
Team

Solid Waste Management



1 8 6 9  
CITY OF MEDICINE



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### Mayor's Youth Works Summer Program

Are you between the  
ages of 14 and 21?

☐ Yes ☐ No

Check One (1) I am applying for: ☐ Impact Team ☐ Parks & Recreation ☐ OEED

Position Title: (one position title per application) \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
No & Street City State Zip Code

Driver's License # Class Type: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best Time to Contact: ☐ \_\_\_\_\_ A.M. ☐ \_\_\_\_\_ P.M.

Have you ever been convicted of any crime other than a minor traffic violation? ☐ Yes ☐ No

If yes, please explain; **ask HR Staff for additional sheet, only if needed** \_\_\_\_\_

Are you related by blood or marriage to any person now employed by the City of Durham? ☐ Yes ☐ No

Give name/relationship/and work location of relative(s) \_\_\_\_\_

### EDUCATION

School Name and Location	From/To Attended	Completed # of Years	Diploma or Degree	Year Received	Subject
Middle School					
High School					
College/Other					

### EMPLOYMENT HISTORY

May we contact your present or last employer regarding your experience and qualifications? ☐ Yes ☐ No  
Work History – List below all employment for the last 5 years; **ask HR Staff for additional sheet, only if needed.**

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Describe Work Duties/Responsibilities: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Describe Work Duties/Responsibilities: \_\_\_\_\_

## SKILLS INVENTORY

Check all certificates, skills, or experience which you possess and indicate the length of experience.

### General

- ☐ Record Keeping \_\_\_\_\_
- ☐ Working with Senior Citizens \_\_\_\_\_
- ☐ Working with Young Children (5-12) \_\_\_\_\_
- ☐ Working with Adolescents (13-18) \_\_\_\_\_

### Pool Positions

- ☐ AED Certification \_\_\_\_\_
- ☐ CPR Certification \_\_\_\_\_
- ☐ Water Safety Instructor \_\_\_\_\_
- ☐ Pool Supervision \_\_\_\_\_
- ☐ Pool Maintenance \_\_\_\_\_
- ☐ ARC-01 Lifeguard Certification \_\_\_\_\_  
(NM or Lifesaving Instructor)

### Athletics

- ☐ Volleyball \_\_\_\_\_
- ☐ Soccer \_\_\_\_\_
- ☐ Softball \_\_\_\_\_
- ☐ Racquetball \_\_\_\_\_
- ☐ Baseball \_\_\_\_\_
- ☐ Basketball \_\_\_\_\_
- ☐ Tennis \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### Special Populations

(Working with Persons with Disabilities)

- ☐ Physical Disabilities \_\_\_\_\_
- ☐ Hearing Impairment \_\_\_\_\_
- ☐ Visual Impairment \_\_\_\_\_
- ☐ Multi-Disabilities \_\_\_\_\_
- ☐ Developmental Disabilities \_\_\_\_\_
- ☐ Adapted Aquatics Certificate \_\_\_\_\_

### Programs/Day Camps

(Planned activities as Group Leader or Instructor)

- ☐ Sports \_\_\_\_\_
- ☐ Gymnastics \_\_\_\_\_
- ☐ Arts and Crafts \_\_\_\_\_
- ☐ Drama \_\_\_\_\_
- ☐ Music \_\_\_\_\_
- ☐ Baton \_\_\_\_\_
- ☐ Pre-Schoolers \_\_\_\_\_
- ☐ Supervision \_\_\_\_\_

**ADDITIONAL SKILLS OR INFORMATION** – List any additional skill or information you possess which relates to this position.

\_\_\_\_\_

\_\_\_\_\_

## VOLUNTEER EXPERIENCE

Organization/Volunteer Site	Year Volunteered	# of Hours	Duties/Responsibilities

**CERTIFICATION AND RELEASE** (PLEASE READ CAREFULLY BEFORE SIGNING BELOW) I hereby certify that all statements on this application and applicant flow sheet are true and complete to the best of my knowledge and belief. I understand that falsification (including omission) regarding this record may be considered cause for immediate termination of employment; or disqualification from the applicant process, if discovered before employment. I authorize the City to use the information provided and to review my background including but not limited to reference checks, education, driving record verification, and credit history. This information may also be used for internal data and record keeping. I authorize persons, schools, and current and previous employers to provide the City with any relevant information needed to consider me for employment.

\*Please be advised that the most qualified applicants will be referred to the hiring department for further consideration. The hiring department will contact you **only if** you are selected for an interview.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR HUMAN RESOURCES USE ONLY

Referred \_\_\_\_\_ Not Referred \_\_\_\_\_

Referred To/Date \_\_\_\_\_

Screened By/Date \_\_\_\_\_

HR/01/06

**CITY OF DURHAM, NORTH CAROLINA**

**APPLICANT INFORMATION**

**EEO Data**

The City of Durham prohibits discrimination on the basis of sex, race, color, religion, national origin, age or disability. The following information is requested for record keeping purposes. The information will not be used for making employment decisions and will be separated from your application. The purpose of this information is to measure the success of our recruitment efforts in reaching all segments of the population, and to comply with the Rehabilitation Act of 1973.

**PERSONAL DATA**

Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_  
Last First Middle Initial

**SEX**

☐ Male ☐ Female

**RACIAL/ETHNIC IDENTITY**

☐ Asian/Islander ☐ Black/African American ☐ Hispanic/Latino ☐ Native American  
☐ White/Caucasian ☐ Multi-Racial ☐ Other \_\_\_\_\_ (Please Specify)

**HOW DID YOU LEARN OF THIS OPPORTUNITY?**

☐ City Application ☐ City Employee Referral ☐ Newspaper Ad  
☐ City Job Line ☐ Job Fair ☐ Walk-In  
☐ Job Announcement ☐ Personal Referral ☐ City of Durham Website  
☐ Employment Security Commission ☐ Other \_\_\_\_\_ (Please Specify)

**IF YOU ARE A DISABLED VETERAN, WHAT IS YOUR STATUS?**

☐ Disabled Veteran – entitled to disability compensation of 30% or more; discharged from military service due to service related disability.

☐ Vietnam era Veteran – person who served at least 180 days of which a part was during Vietnam era; person who was discharged or released due to a service connected disability if any part of the service was performed during the Vietnam era.

☐ Disabled Vietnam era Veteran

**WHAT IS YOUR CITIZENSHIP STATUS?**

☐ U.S. Citizen ☐ Resident Foreign National ☐ Non-resident Foreign National

# SUPPLEMENTAL INFORMATION SHEET

Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_  
Last First Middle Initial

## EMPLOYMENT HISTORY (additional information)

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Describe Work Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
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## CRIMINAL HISTORY (additional information)

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## ADDITIONAL INFORMATION

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